

ATTACHMENT A: Prime Contractor Data Collection Form

PRIME CONTRACT NUMBER: _____

PRIME CONTRACT TITLE: _____

START DATE: _____

COMPLETION DATE: _____

Complete the Following Information for Each Contract/Purchase Order Identified

Business Name: _____

Business Contact Person Information:

Name: _____

Title: _____ Telephone: (____) _____

E-mail: _____

Business Address: _____

City, State, Zip: _____

Total Award Amount (including all Change Orders): \$ _____

Total Amount Paid: \$ _____

Brief Description of Work Performed by Prime Contractor: _____

Business Owner(s) Primary Race/Ethnicity (White, Black, Hispanic, Asian, Native American, or Other): _____

Business Owner(s) Primary Gender (Male or Female): _____

Total No. of First-Tier Subcontractors/Sub-consultants/Suppliers on this Contract: _____
(This number should match the number of entries on Attachment B)

ATTACHMENT B: First-Tier Subcontractor, Sub-Consultant, Supplier Information Form**PRIME CONTRACT/PURCHASE ORDER TITLE (IF ANY):** _____**PRIME CONTRACT/PURCHASE ORDER NUMBER (OR ITEM #):** _____**START DATE:** _____ **APPROXIMATE COMPLETION DATE:** _____

Please provide the following information for EACH FIRST-TIER SUBCONTRACTOR, SUB-CONSULTANT, OR SUPPLIER THAT PROVIDED GOODS AND/OR PERFORMED SERVICES ON THIS CONTRACT OR PURCHASE ORDER. Number of subcontractor lines must match the total number of first-tier subcontractors indicated in the last line of Attachment A (include Additional Pages if Necessary)

Line No.	Business Name	Address	City	State	Zip	Telephone	Contact Person/Title
	Total Award Amount (in dollars)	Total Amount Paid (in dollars)	Owner(s) Race/Ethnicity		Owner(s) Gender	Brief Description of Work Performed	

Line No.	Business Name	Address	City	State	Zip	Telephone	Contact Person/Title
	Total Award Amount (in dollars)	Total Amount Paid (in dollars)	Owner(s) Race/Ethnicity		Owner(s) Gender	Brief Description of Work Performed	

CERTIFICATION/SIGNATURE PAGE FOR ATTACHMENTS A & B

I attest, to the best of my knowledge and belief, that the information furnished in Attachment A and Attachment B is correct and accurate.

By:

Name and Title of Company Officer

PRINTED NAME AND TITLE

Company:

Name of Company

Phone Number:

Date:
